

Other Health Coverage (OHC) Survey Schedules
As of June 1, 2004
Instructions

The results of the Other Health Coverage (OHC) Survey are based on surveys received as of June 1, 2004. In accordance with the LEA Provider Manual (loc edu 9 and 10), LEAs are required to bill OHC before submitting a claim to Medi-Cal for all Medi-Cal eligible students to whom LEA services have been rendered. LEAs that bill for services not provided under an IEP, IFSP or Title V (i.e., free care services) must also bill OHC for all non-Medi-Cal eligible students to whom free care services have been rendered. If the OHC carrier denies a claim for a legitimate denial reason, the denial notice is valid for one year from the date of the denial for that procedure. In an effort to assist LEAs in documenting non-coverage of services by such plans, DHS conducted the OHC Survey to obtain information about the scope of benefits provided for services rendered by LEAs. The survey included the top 178 OHC carriers, excluding dental-only plans, serving Medi-Cal eligible beneficiaries. The attached OHC Survey Schedules 1, 2, and 3 display the results of the survey.

To document non-coverage of services for insurance carriers that are not billed for LEA services rendered, each provider must maintain a precedent file. The precedent file should be available for audit and review and contain documentation such as the following:

- OHC information for all students served
- Copies of the OHC Survey Schedules
- Valid claim denial notices by procedure code from insurance carriers with an X in Column F of Schedule 1
- Valid claim denial notices for the procedure codes and insurance carriers on Schedule 2
- Valid claim denial notices by procedure code from insurance carriers that are not on Schedule 1 (except for Healthy Families insurance carriers as explained below)
- Other relevant documentation to support non-coverage of services

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Schedule 1: OHC Survey Summary

Column A: Identifies the OHC code of each insurance carrier. OHC codes for Medi-Cal eligible students with OHC are supplied in the file returned by the Data Match System (DMS) to LEA providers that use the DMS to verify eligibility. OHC codes can be used to match insurance carriers in your billing records to the ones included in the OHC Survey.

Columns B, C, and D: Provides the name, city, and state, respectively, of each insurance carrier.

Column E: OHC billing for all LEA services IS NOT required for carriers with an X in this column.

Column F: OHC billing for all LEA services IS required for carriers with an X in this column.

Column G: OHC billing for some LEA services IS required for carriers with an X in this column. See Schedule 2 for services that must be billed to OHC.

Column H: Carrier has either gone out of business or their name is no longer valid. See Schedule 3.

OHC billing for all LEA services IS NOT required for Healthy Families (HF) insurance carriers; these carriers have the initials HF at the end of their names. Other than the HF exception, OHC billing for all LEA services IS required for all insurance carriers not listed in Schedule 1.

Schedule 2: Carriers that Provide Some Coverage

Columns A and B: Contains OHC code, name, city, and state of each insurance carrier (see Schedule 1 instructions for information about OHC code).

Column C: Identifies specific services that must be billed to each OHC insurance carrier listed in Schedule 2 prior to billing Medi-Cal.

Schedule 3: Carriers Out of Business or Names No Longer Valid

OHC billing for all LEA services is not required for insurance carriers on this schedule.

Columns A, B, C, and D: Contains OHC code, name, city, and state of each insurance carrier (see Schedule 1 instructions for information about OHC code).

Schedule 1
Other Health Coverage (OHC) Survey Summary
Results As Of June 1, 2004

Schedule 1 summarizes the results of the Other Health Coverage (OHC) Survey, based on surveys received as of June 1, 2004.
Before using this schedule to document non-coverage of services, refer to the Instructions for the OHC Survey Schedules.

<u>OHC Code</u> (A)	<u>Insurance Carrier Name</u> (B)	<u>City</u> (C)	<u>State</u> (D)	<u>Carrier Provides NO Coverage for LEA Services - OHC Billing NOT Required</u> (E)	<u>Carrier May Provide Coverage for ALL LEA Services - OHC Billing Required</u> (F)	<u>Carrier May Provide Coverage for SOME LEA Services - OHC Billing Required (see attached Schedule 2)</u> (G)	<u>OHC Carrier Out Of Business Or Name No Longer Valid (see attached Schedule 3)</u> (H)
A029	AARP INS PLAN	PHILADELPHIA	PA	X			
A676	AETNA HEALTH PLANS HMO	FRESNO	CA	X			
A114	AETNA LIFE/CASUALTY	SAN DIEGO	CA		X		
A504	AETNA LIFE/CASUALTY	HARTFORD	CT		X		
A368	AETNA LIFE/CASUALTY	HARTFORD	CT		X		
A584	AETNA LIFE/CASUALTY	DOVER	DE		X		
A510	AETNA LIFE/CASUALTY	AKRON	OH		X		
A447	AETNA LIFE/CASUALTY	ARLINGTON	TX		X		
A515	AETNA MEDICARE HMO	FRESNO	CA	X			
A074	AETNA US HEALTHCARE	SAN DIEGO	CA	X			
A005	AETNA US HEALTHCARE	LEXINGTON	KY	X			
A759	AETNA US HEALTHCARE	LEXINGTON	KY	X			
A142	AETNA US HEALTHCARE	GREENSBORO	NC	X			
A708	AETNA US HEALTHCARE	GREENSBORO	NC	X			
A276	AETNA US HEALTHCARE	ALLENTOWN	PA	X			
U148	AETNA US HEALTHCARE	BLUE BELL	PA	X			
P660	AETNA US HEALTHCARE DMO	VAN NUYS	CA	X			
A045	AMERICAN POSTAL WORKERS UNION	SILVER SPRING	MD	X			
A579	AMERITAS INS CO	LINCOLN	NE	X			
A498	AMERITAS LIFE INSURANCE CORP	LINCOLN	NE		X		
C358	ASSOCIATED THIRD PARTY ADMIN	CONCORD	CA		X		
A122	ASSOCIATED THIRD PARTY ADMIN	OAKLAND	CA		X		
A647	AVP VISION PLAN	LAGUNA NIGUEL	CA				X
B223	BENEFIT ADMINISTRATION CORP	FRESNO	CA		X		
T276	BENESIGHT	PHOENIX	AZ			X	
B184	BENESIGHT	PUEBLO	CO		X		
B043	BLUE CROSS OF CALIFORNIA PPO	NEWBURY PARK	CA	X			
B286	BLUE CROSS OF WESTERN PA	PITTSBURGH	PA		X		
B127	BLUE CROSS/BLUE SHIELD	BIRMINGHAM	AL		X		
B063	BLUE CROSS/BLUE SHIELD	DETROIT	MI		X		
B139	BLUE CROSS/BLUE SHIELD	ST PAUL	MN			X	
B060	BLUE CROSS/BLUE SHIELD	PORTLAND	OR	X			
B132	BLUE CROSS/BLUE SHIELD	DALLAS	TX		X		
B133	BLUE CROSS/BLUE SHIELD	RICHMOND	VA		X		
B313	BLUE CROSS/BLUE SHIELD OF IL	CHICAGO	IL		X		
B051	BLUE CROSS/BLUE SHIELD OF IL	CHICAGO	IL		X		
B093	BLUE CROSS/BLUE SHIELD OF NEB	OMAHA	NE		X		

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B201	BLUE SHIELD MEDICARE HMO	WOODLAND HILLS	CA	X			
B414	BLUE SHIELD OF CALIFORNIA HMO	EL DORADO HILLS	CA		X		
C010	BLUE SHIELD OF CALIFORNIA PPO	EL DORADO HILLS	CA		X		
C668	CALIFORNIA CARE BLUE CROSS HMO	WOODLAND HILLS	CA	X			
C400	CALIFORNIA CARE MEDICARE HMO	OXNARD	CA		X		
C365	CALIFORNIA FIELD IRONWORKERS	PASADENA	CA			X	
F060	CAPITOL ADMINISTRATORS	RANCHO CORDOVA	CA		X		
C271	CARPENTERS HWTF SOUTHERN CA	LOS ANGELES	CA		X		
C312	CHAMPVA CENTER	DENVER	CO		X		
C687	CHINESE COMMUNITY MEDICARE HMO	SAN FRANCISCO	CA		X		
C246	CIGNA	CHATTANOOGA	TN		X		
C524	CIGNA HEALTHCARE	SAN DIEGO	CA		X		
C083	CIGNA HEALTHCARE	VISALIA	CA		X		
C535	CIGNA HEALTHCARE	CHATTANOOGA	TN		X		
C519	CIGNA HEALTHCARE	CHATTANOOGA	TN		X		
C517	CIGNA HEALTHCARE	CHATTANOOGA	TN		X		
C494	CIGNA HEALTHCARE	SHERMAN	TX		X		
C690	CIGNA HEALTHCARE HMO	GLENDALE	CA		X		
C402	CIGNA MEDICARE HMO	GLENDALE	CA				X
C346	CIGNA/CONNECTICUT GENERAL	BOURBONNAIS	IL		X		
C752	COASTAL HEALTHCARE ADMIN	SALINAS	CA		X		
V086	COLE MANAGED VISION	TWINBURG	OH	X			
C213	COMBINED BENEFITS ADMIN	FRESNO	CA			X	
C409	CONTRA COSTA MEDICARE HMO	MARTINEZ	CA			X	
N338	CORESTAR	TUCSON	AZ		X		
E009	DELTA HEALTH SYSTEMS	FRESNO	CA		X		
D086	DELTA HEALTH SYSTEMS	STOCKTON	CA		X		
E219	EMPLOYEE BENEFIT ADMIN MGMT	WESTLAKE VILLAGE	CA		X		
E013	EYEMED VISION CARE	CINCINNATI	OH	X			
F220	FHP HMO	CONCORD	CA		X		
F103	FOSTER FARMS	TURLOCK	CA	X			
F055	FOUNDATION/KERN COUNTY	BAKERSFIELD	CA		X		
F078	FOUNDATION/TULARE CO	VISALIA	CA		X		
G284	GLACIERS INS ADMIN	FRESNO	CA				X
G260	GOLDEN WEST DENTAL VISION PLAN	OXNARD	CA	X			
G093	GOVERNMENT EMPLOYEES HOSPITAL	INDEPENDENCE	MO	X			
G162	GREAT WEST	KENNETT	MO		X		

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G029	GREAT WEST LIFE ASSUR CO	GLENDALE	CA		X		
G236	GREAT WEST LIFE ASSUR CO	SAN FRANCISCO	CA		X		
G264	GUARDIAN LIFE INS CO	SPOKANE	WA		X		
H102	HEALTH COMP	FRESNO	CA		X		
D115	HEALTH NET DENTAL VISION	IRVINE	CA			X	
H252	HEALTH NET HMO	WOODLAND HILLS	CA			X	
H311	HEALTH NET MEDICARE HMO	VAN NUYS	CA	X			
H064	HEALTH NET PPO	VAN NUYS	CA		X		
H207	HEALTH NET SELECT PPO	VAN NUYS	CA		X		
H256	HEALTH PLAN OF THE REDWOODS	SANTA ROSA	CA				X
H312	HEALTH PLAN REDWOOD M/CARE HMO	SANTA ROSA	CA				X
H010	HEALTH SERVICE SYSTEM	SAN FRANCISCO	CA			X	
H149	HELLER/ASSOC	COSTA MESA	CA		X		
E175	HUMANA HEALTH CARE	GREEN BAY	WI		X		
H186	HUMANA INSURANCE CO	LEXINGTON	KY		X		
I233	INTERVALLEY HEALTH PLAN HMO	POMONA	CA				X
I259	INTERVALLEY MEDICARE HMO	POMONA	CA			X	
J063	JOINT BENEFIT TRUST	LIVERMORE	CA			X	
K999	KAISER MEDICARE HMO	PASADENA	CA	X			
K998	KAISER PERMANENTE HEALTH PLAN	LOS ANGELES	CA	X			
L157	LABORERS HWTf OF NORTHERN CA	SUISUN	CA	X			
L102	LABORERS HWTf OF SOUTHERN CA	EL MONTE	CA	X			
L104	LAUNDRY AND DRY CLEANERS UNION	EL MONTE	CA		X		
L246	LIFEGUARD HMO	MILPITAS	CA				X
L079	LIFEGUARD HMO	COLORADO SPRINGS	CO				X
L146	LIFEGUARD PPO	SAN JOSE	CA				X
M425	MAIL HANDLERS BENEFIT PLAN	JACKSONVILLE	FL	X			
A463	MANAGED BENEFIT ADMINISTRATORS	SACRAMENTO	CA		X		
M405	MAXICARE HMO	LOS ANGELES	CA				X
M527	MAXICARE MEDICARE HMO	LOS ANGELES	CA				X
M278	MEDICAL EYE SERVICES OF CA	LONG BEACH	CA	X			
M991	MEDICARE RETRO BILLING	SACRAMENTO	CA		X		
M036	MIDWEST NATIONAL INSURANCE	NORTH RICHLAND HILLS	TX		X		
M047	MOTION PICTURE PENSION/HEALTH	STUDIO CITY	CA			X	
M051	MUTUAL OF OMAHA	OMAHA	NE		X		
U267	MUTUAL OF OMAHA	WOODWARD	OK		X		
N007	NATIONAL ASSOC OF LETTER CARR	ASHBURN	VA	X			

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N333	NATIONAL HEALTH PLANS	MODESTO	CA				X
C008	NATIONWIDE HEALTH PLANS	SACRAMENTO	CA		X		
N011	NORTHCOAST CLAIMS	EUREKA	CA	X			
O100	OMNI HEALTH PLAN HMO	STOCKTON	CA				X
O101	ON LOK SENIOR HEALTH MED HMO	SAN FRANCISCO	CA	X			
G074	ONE HEALTH PLAN	SAN JOSE	CA		X		
O122	ONE HEALTH PLAN HMO	GLENDALE	CA	X			
O115	ONE HEALTH PLAN OF COLORADO	FORT SCOTT	KS		X		
O016	OPERATING ENG HWF LOC 12	PASADENA	CA	X			
O018	OPERATING ENGINEERS HWF LOC 3	OAKLAND	CA		X		
P065	PACIFIC LIFE AND ANNUITY	PHOENIX	AZ		X		
C672	PACIFICARE DENTAL / VISION	TUSTIN	CA	X			
P599	PACIFICARE HMO	CYPRESS	CA			X	
P444	PACIFICARE MEDICARE HMO	CYPRESS	CA	X			
P331	PAN PACIFIC BENEFIT ADMIN	SALINAS	CA		X		
P277	PERSCARE HEALTH PLAN	WOODLAND HILLS	CA		X		
P036	PHYSICIANS MUTUAL INS CO	OMAHA	NE	X			
P515	PIONEER LIFE INSURANCE COMPANY	JANESVILLE	WI				X
P306	PLAN HANDLERS INC	ESCONDIDO	CA	X			
P610	PMI	CERRITOS	CA	X			
P089	PREFERRED BENEFIT INS ADMIN	SAN MATEO	CA			X	
P027	PRINCIPAL FINANCIAL GROUP	COLORADO SPRINGS	CO			X	
P427	PRINCIPAL FINANCIAL GRP	DES MOINES	IA			X	
P438	PRINCIPAL LIFE INSURANCE CO	COLORADO SPRINGS	CO			X	
P647	PRUCARE OF CA HMO	VAN NUYS	CA				X
R133	ROBERT F KENNEDY FARM WKRS	KEENE	CA	X			
S463	SAFEGUARD	ANAHEIM	CA		X		
S342	SCAN MEDICARE HMO	LONG BEACH	CA	X			
S217	SF ADMIN	SAN FRANCISCO	CA		X		
S515	SHARPE HEALTH PLAN HMO	SAN DIEGO	CA			X	
S047	SHEET METAL WKRS LOC 104	OAKLAND	CA		X		
S412	SIERRA PACIFIC IND	REDDING	CA	X			
S058	SOUTHERN CA BENEFIT FUND	LOS ANGELES	CA		X		
S137	SOUTHERN CA PIPE TRADE ADMIN	LOS ANGELES	CA			X	
S061	SOUTHWEST ADMIN	ALHAMBRA	CA		X		
S078	STAR ADMINISTRATIVE SERV INC	PHOENIX	AZ		X		
S481	STRATEGIC RESOURCE COMPANY	COLUMBIA	SC		X		

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S110	SUNVIEW VINEYARDS	DELANO	CA		X		
T107	SUPERIOR INS. SERV.	RIVERSIDE	CA	X			
S119	SUPERIOR VISION SERVICES	RANCHO CORDOVA	CA			X	
C263	TEAMSTERS BENEFIT TRUST	FREMONT	CA	X			
T174	TRANSWESTERN INSURANCE ADMIN	FRESNO	CA		X		
C653	TRICARE PRIME	AURORA	CO			X	
C647	TRICARE STANDARD	SURFSIDE BEACH	SC			X	
B229	U S I ADMINISTRATORS	STOCKTON	CA				X
U032	UABT	SALINAS	CA	X			
N051	UFCW BAY AREA HEALTH & WTF	WALNUT CREEK	CA	X			
V001	UFCW EMPLOYERS BENEFIT PLANS	ROSEVILLE	CA	X			
U199	UFCW JOINT TRUST FUND	CYPRESS	CA	X			
U249	UHP HEALTHCARE	INGLEWOOD	CA		X		
U293	UHP MEDICARE HMO	INGLEWOOD	CA		X		
U065	UNITED ADMIN SERV	SAN JOSE	CA		X		
U178	UNITED AGRICULTURAL BENEFIT	IRVINE	CA	X			
U022	UNITED AMERICAN INS CO	MCKINNEY	TX	X			
U153	UNITED CONCORDIA	VAN NUYS	CA	X			
M141	UNITED HEALTHCARE	ATLANTA	GA		X		
U056	UNITED HEALTHCARE	SALT LAKE CITY	UT		X		
T155	UNITED HEALTHCARE	SALT LAKE CITY	UT		X		
U156	UNITED HEALTHCARE HMO	BREA	CA		X		
U026	UNITED MEDICAL RESOURCES	CINCINNATI	OH		X		
U255	UNIVERSAL CARE HMO	SIGNAL HILL	CA		X		
U188	UNIVERSAL CARE MEDICARE HMO	SIGNAL HILL	CA		X		
S353	USI ADMINISTRATORS	RIVERSIDE	CA				X
V043	VISION SERVICE PLAN	SACRAMENTO	CA	X			
W149	WAL MART GROUP PLAN	ROGERS	AR			X	
W132	WESTERN GROWERS ASSUR TRUST	NEWPORT BEACH	CA		X		
W105	WESTERN HEALTH ADVANTAGE HMO	SACRAMENTO	CA		X		

Schedule 2
Other Health Coverage (OHC) Survey As Of June 1, 2004
Insurance Carriers That Provide Some Coverage For LEA Services

LEA providers must bill for the specific services listed for each insurance carrier on Schedule 2 before billing Medi-Cal.
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<u>OHC Code</u> (A)	<u>Insurance Carrier Name (City, State)</u> (B)	<u>Covered Services That Must Be Billed By LEAs to OHC Before Billing Medi-Cal</u> (C)
T276	BENESIGHT (Phoenix, AZ)	Bill assessments (X4900), physical therapy treatments (X4905), occupational therapy treatments (X4915), speech therapy and audiology treatments (X4925), psychology and counseling treatments (X4935), nursing services and treatments (X4945), and trained health care aide treatments (X4955).
B139	BLUE CROSS/BLUE SHIELD (St. Paul, MN)	Bill assessments (X4900), physical therapy treatments (X4905), occupational therapy treatments (X4915), speech therapy and audiology treatments (X4925), psychology and counseling treatments (X4935), nursing services and treatments (X4945), trained health care aide treatments (X4955), medical transportation (X4960) and mileage (X4965).
C365	CALIFORNIA FIELD IRONWORKERS (Pasadena, CA)	Bill physical therapy treatments (X4905), occupational therapy treatments (X4915) and speech therapy and audiology treatments (X4925).
C213	COMBINED BENEFITS ADMIN (Fresno, CA)	Bill speech therapy treatments (X4925). It is not necessary to bill audiology treatments.
C409	CONTRA COSTA MEDICARE HMO (Martinez, CA)	Bill assessments (X4900), occupational therapy treatments (X4915), speech therapy and audiology treatments (X4925), psychology and counseling treatments (X4935), nursing services and treatments (X4945), trained health care aide treatments (X4955), and targeted case management services (X4970, X4975, and X4980).
D115	HEALTH NET DENTAL VISION (Irvine, CA)	Bill assessments (X4900) when the student receives a vision-related assessment.
H252	HEALTH NET HMO (Woodland Hills, CA)	Bill all services for students with the following ICD-9 codes: 299.00-299.10, 314, 314.00, 314.01, 314.8 and 314.9. Services provided to students with ICD-9 codes other than these do not have to be billed.
H010	HEALTH SERVICE SYSTEM (San Francisco, CA)	Bill assessments (X4900), physical therapy treatments (X4905), occupational therapy treatments (X4915), speech therapy and audiology treatments (X4925), psychology and counseling treatments (X4935), nursing services and treatments (X4945), trained health care aide treatments (X4955), and targeted case management services (X4970, X4975, and X4980).
I259	INTERVALLEY MEDICARE HMO (Pomona, CA)	Bill physical therapy treatments (X4905), occupational therapy treatments (X4915), speech therapy and audiology treatments (X4925), psychology and counseling treatments (X4935), nursing services and treatments (X4945), and trained health care aide treatments (X4955).
J063	JOINT BENEFIT TRUST (Livermore, CA)	Bill physical therapy treatments (X4905), occupational therapy treatments (X4915), speech therapy and audiology treatments (X4925), and psychology and counseling treatments (X4935).
M047	MOTION PICTURE PENSION/HEALTH (Studio City, CA)	Bill assessments (X4900), physical therapy treatments (X4905), occupational therapy treatments (X4915), and speech therapy treatments (X4925). Speech therapy treatments provided to the student must be billed, but it is not necessary to bill audiology treatments.
P599	PACIFICARE HMO (Cypress, CA)	Bill assessments (X4900), physical therapy treatments (X4905), occupational therapy treatments (X4915), speech therapy and audiology treatments (X4925), psychology and counseling treatments (X4935) and nursing services and treatments (X4945).
P089	PREFERRED BENEFIT INS ADMIN (San Mateo, CA)	Bill assessments (X4900) and psychology and counseling treatments (X4935).
P027	PRINCIPAL FINANCIAL GROUP (Colorado Springs, CO)	Bill assessments (X4900), physical therapy treatments (X4905), occupational therapy treatments (X4915), speech therapy and audiology treatments (X4925), psychology and counseling treatments (X4935), nursing services and treatments (X4945), trained health care aide treatments (X4955)
P427	PRINCIPAL FINANCIAL GRP (Des Moines, IA)	Bill assessments (X4900), physical therapy treatments (X4905), occupational therapy treatments (X4915), speech therapy and audiology treatments (X4925), psychology and counseling treatments (X4935), nursing services and treatments (X4945), trained health care aide treatments (X4955).

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P438	PRINCIPAL LIFE INSURANCE CO (Colorado Springs, CO)	Bill assessments (X4900), physical therapy treatments (X4905), occupational therapy treatments (X4915), speech therapy and audiology treatments (X4925), psychology and counseling treatments (X4935), nursing services and treatments (X4945), trained health care aide treatments (X4955).
S515	SHARPE HEALTH PLAN HMO (San Diego, CA)	Bill speech therapy treatments (X4925) for children under 3 years of age. It is not necessary to bill audiology treatments for any student.
S137	SOUTHERN CA PIPE TRADE ADMIN (Los Angeles, CA)	Bill assessments (X4900), physical therapy treatments (X4905), speech therapy and audiology treatments (X4925), psychology and counseling treatments (X4935), nursing services and treatments (X4945), and Targeted Case Management services (X4970, X4975, and X4980). Bill occupational therapy treatments <u>to the hand</u> only (X4915).
S119	SUPERIOR VISION SERVICES (Rancho Cordova, CA)	Bill assessments (X4900) when the student receives a vision-related assessment.
C653	TRICARE PRIME (Aurora, CO)	Bill non-IEP/IFSP services, except for trained health care aide services (assessments (X4900), physical therapy treatments (X4905), occupational therapy treatments (X4915), speech therapy and audiology treatments (X4925), psychology and counseling treatments (X4935), nursing services and treatments (X4945))
C647	TRICARE STANDARD (Surfside Beach, SC)	Bill non-IEP/IFSP services, except for trained health care aide services (assessments (X4900), physical therapy treatments (X4905), occupational therapy treatments (X4915), speech therapy and audiology treatments (X4925), psychology and counseling treatments (X4935), nursing services and treatments (X4945))
W149	WAL MART GROUP PLAN (Rogers, AR)	Bill assessments (X4900), physical therapy treatments (X4905), occupational therapy treatments (X4915), and speech therapy and audiology treatments (X4925), psychology and counseling treatments (X4935), and nursing services and treatments (X4945).

Schedule 3
Other Health Coverage (OHC) Survey As Of June 1, 2004
Insurance Carriers That Are Out Of Business or No Longer Operating Under Listed Name

OHC billing for all LEA services is not required for insurance carriers on Schedule 3.
Before using this schedule to document non-coverage of services, refer to the Instructions for the OHC Survey Schedules.

<u>OHC Code</u>	<u>Insurance Carrier Name</u>	<u>City</u>	<u>State</u>
(A)	(B)	(C)	(D)
A647	AVP VISION PLAN	Laguna	California
C402	CIGNA MEDICARE HMO	Glendale	California
G284	GLACIERS INS ADMIN	Fresno	California
H256	HEALTH PLAN OF THE REDWOODS	Santa Rosa	California
H312	HEALTH PLAN REDWOOD M/CARE HMO	Santa Rosa	California
I233	INTERVALLEY HEALTH PLAN HMO	Pomona	California
L246	LIFEGUARD HMO	Milpitas	California
L079	LIFEGUARD HMO	Colorado Springs	Colorado
L146	LIFEGUARD PPO	San Jose	California
M405	MAXICARE HMO	Los Angeles	California
M527	MAXICARE MEDICARE HMO	Los Angeles	California
N333	NATIONAL HEALTH PLANS	Modesto	California
O100	OMNI HEALTH PLAN HMO	Stockton	California
P515	PIONEER LIFE INSURANCE	Janesville	Wisconsin
P647	PRUCARE OF CA HMO	Van Nuys	California
B229	U S I ADMINISTRATORS	Stockton	California
S353	USI ADMINISTRATORS	Riverside	California